UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

| 1 Date of Request: _____ | 2 Serial/Patent # _10/518227_ | | |

3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
✓ Filing			$ 100
Amendment			$
Extension of Time			$
Notice of Appeal/Appeal			$
Petition			$
Issue			$
Cert of Correction/Terminal Disc.			$
Maintenance			$
Assignment			$
Other			$
	7 TOTAL AMOUNT OF REFUND		$ 100

8 TO BE REFUNDED BY:

	Treasury Check
✓	Credit Deposit A/C #:
	9 0 6 -- 1 0 5 0

10 REASON:

✓	Overpayment
	Duplicate Payment
	No Fee Due (Explanation):

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: _John Anderson_   TITLE: _Paralegal Specialist_

SIGNATURE: _John Anderson_   PHONE: _308-9140 ext 211_

OFFICE: _PCT - DO/EO_

****

THIS SPACE RESERVED FOR FINANCE USE ONLY:

APPROVED: _____   DATE: _____

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B

FORM PTO 1577
(01/90)